03-03 PART B - FEE(S) TRANSMITTAL

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11/30/2005

Michael I. Kroll 171 Stillwell Lane Syosset, NY 11791

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(Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/638,794	08/11/2003	Bryan Wyatt	BW-1-JS	4996

TITLE OF INVENTION: ILLUMINATED ELECTRICAL OUTLET AND LIGHT SWITCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	YES	\$700		\$0	\$700	02/28/2006			
EXAMINER		ART UNIT		CLASS-SUBCLASS					
TON, ANABEL		2875		362-095000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: MAIC 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO 2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number South (enclose an extra copy of this form).									
5. Change in Entity Status	s (from status indicated above	e)		, ,					

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Typted or printed name

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Registration No.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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